

# Effect of Grape Seed Oil on Chronic Carbon Tetrachloride-Induced Hepatic Injury and Determination of Hepatic Apoptosis in Rats

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## ABSTRACT

**Aims:** The present study was designed to evaluate the hepatoprotective activity of grape seed oil (GSO) on liver lesions induced by carbon tetrachloride (CCl<sub>4</sub>) in rats by measurement of caspase 3, 8 and 9 activities in cellular apoptosis, ALT activities, triglyceride, total protein, total cholesterol and liver MDA levels.

**Place and Duration of Study:** Faculty of Veterinary Medicine, Department of Pathology, Erciyes University, Kayseri, between November 2017 and September 2018

**Methodology:** In this study 40 male Wistar albino rats were divided into four groups including 10 animals in each. Control group administered with 0.9% NaCl. The second group was administered with 4 mL/kg GSO for twelve weeks. Third group were given CCl<sub>4</sub> (0.2 mL/kg) twice for 8-weeks. Fourth group was administered with 4 mL/kg GSO, for 12 weeks and also given CCl<sub>4</sub> (0.2 mL/kg) twice for 8 weeks, starting from the 5th week.

**Results:** Histopathological examination of CCl<sub>4</sub> group showed intense macro and micro vesicular steatosis in hepatocytes, necrosis, and lymphocytes rich mononuclear cell infiltration in portal area and mild portal fibrosis in the parenchyma of the incomplete formation of lobulation in the parenchyma. The grape seed oil application applications have partially normalized the altered histological changes and the activity of caspase -3, -8 and -9. Administration of GSO led to a decline in the activities of ALT and MDA levels while this treatment elevated serum triglycerides levels which are not significantly important.

**Conclusion:** The results indicate that the antioxidant properties of GSO have not ameliorative effect in either the histopathological lesions or biochemical parameters against CCl<sub>4</sub>-induced hepatotoxicity in rats. Also, it has been concluded that duration-dependent further research results are needed to determine the effects of grape seed oil in high doses which can give the best results without side effects.

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*Keywords: Histopathology, immunohistochemistry, carbon tetrachloride, grape seed oil, rat.*

## 1. INTRODUCTION

Liver is an organ that is most exposed to toxic substances due to anatomic localization and important functions and can be damaged by many factors [1]. Carbon tetrachloride shows its effects at the level of biochemical and cell organelles in acute and chronic intoxication [2, 3]. Oxidative stress and subsequent free radicals are known to cause damage in tissues. Free radical derivatives result from the formation of oxidative stress and produce lipid peroxidation by acting on unsaturated fatty acids in the cell membrane [4, 5, 6]. It is also suggested that Kupffer cells may be implicated in the pathogenesis of liver damage by the action of proinflammatory mediators (nitric oxide, etc.) released from activated Kupffer cells [7].

26 The oxidative stress has been the focus of research in recent years. Experimental animal  
27 model studies that use extracts and oils of plants with an antioxidant content prevents lipid  
28 peroxidation, have become recently popular for the determination of the protective effects of  
29 toxic chemicals against liver damage because they are cheap and easily accessible and  
30 have nontoxic and low side effects [8]. It has been reported that grape seed oil has free  
31 radical scavenging and antioxidant effect and may have protective effect on CCl<sub>4</sub>-induced  
32 liver injury [9, 10, 11, 12]. This study aimed to determine the effects of GSO, which is known  
33 to have various biological activities on CCl<sub>4</sub> induced hepatic damage, by assaying serum  
34 ALT (alanine amino transferase) activity, triglyceride, total protein, total cholesterol, liver  
35 MDA and total antioxidant capacity levels as well as the immunohistochemistry analyses of  
36 apoptosis by caspase 3, -8, and -9 activities of liver tissues in rats.

## 37 38 **2. MATERIAL AND METHODS**

### 39 40 **2.1. Materials**

41 Grape seed oil (GSO) used in the study is commercially available from BUKAS and its  
42 components are shown in Table 1.

43 **Table 1. Fatty acid composition of the grape seed oil used in the experiment.**

<b>Saturated Fatty Acid</b>	<b>Percentage</b>
Myristic acid	0.05
Palmitic Acid	8.56
Palmitoleic Acid	0.18
Margaric Acid	0.07
Stearic Acid	4.41
<b>Unsaturated Fatty Acid</b>	<b>Percentage</b>
Oleic Acid (Omega 9)	22.00
Linoleic Acid (Omega 6)	64.47
Linolenic Acid (Omega 3)	0.32
Arachidic Acid	0.15
Eicosenoic Acid	0.15
<b>Total</b>	<b>100</b>

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### 45 **2.2. Animals**

46 Experiments were performed using 200–250 g weighing, 40 adult male Wistar albino rats.  
47 The experiments were carried out in accordance with the Guidelines for Animal  
48 Experimentation approved by Erciyes University, Experimental Animal Ethics Committee  
49 (permit no: 17/054), and the experimental procedures were performed in Erciyes University  
50 Experimental Research and Application Center, Kayseri, Turkey. The animals were kept in a  
51 special room at a constant temperature 22°C ± 2°C and humidity (50% ±5%) with 12-h  
52 light/dark cycles and had free access to diet and tap water.

### 53 **2.2. Experimental protocol**

54 They were divided into 4 groups, each containing 10 animals. The first group was identified  
55 as control and 0.9% NaCl (1 ml/kg/live weight). The second group was administered with 4  
56 mL/kg/live weight GSO for twelve weeks each day. Third group were given CCl<sub>4</sub> (0.2 mL/kg)

57 twice for 8-weeks. Fourth group was administered with 4 mL/kg GSO, for 12 weeks and also  
58 given CCl<sub>4</sub> (0.2 mL/kg 1:1 ratio of corn oil) twice for 8 weeks, starting from the 5th week.

### 59 **2.3. Collection and processing of samples**

60 The rats were anesthetized with intramuscular 80 mg/kg ketamine (alfamine, 100 mg/ml,  
61 Ata-Fen) and 12 mg/kg xylazine (alfazyne, 20 mg/ml, Ata-Fen) injection [13] 24 hours after  
62 the last CCl<sub>4</sub> application. After the chest cavities were opened, intracardiac blood samples  
63 were taken in anticoagulant and coagulant tubes and necropsies were performed. Blood  
64 samples were centrifuged at 3000 rpm for 10 min and then serum and plasma were  
65 separated and stored at -20°C until analysis were done. All tissue samples were placed in a  
66 10% buffered neutral formalin solution for light microscopic examination [14]. A portion of the  
67 liver tissue was stored at -80°C until the day of study to determine MDA. Serum ALT activity,  
68 triglyceride, total protein and cholesterol levels were determined by using commercial kits  
69 (Roche Cobas Kit-Switzerland) with auto-analyzer (Roche Cobas 8000) in Gulser- Dr.  
70 Mustafa Gundogdu Central Laboratory, Erciyes University. Liver tissue MDA (Cayman, USA,  
71 cat no. 10009055) levels were determined with ELISA (CayQuant Bio-Tek, ELx50, USA) by  
72 using commercial kits.

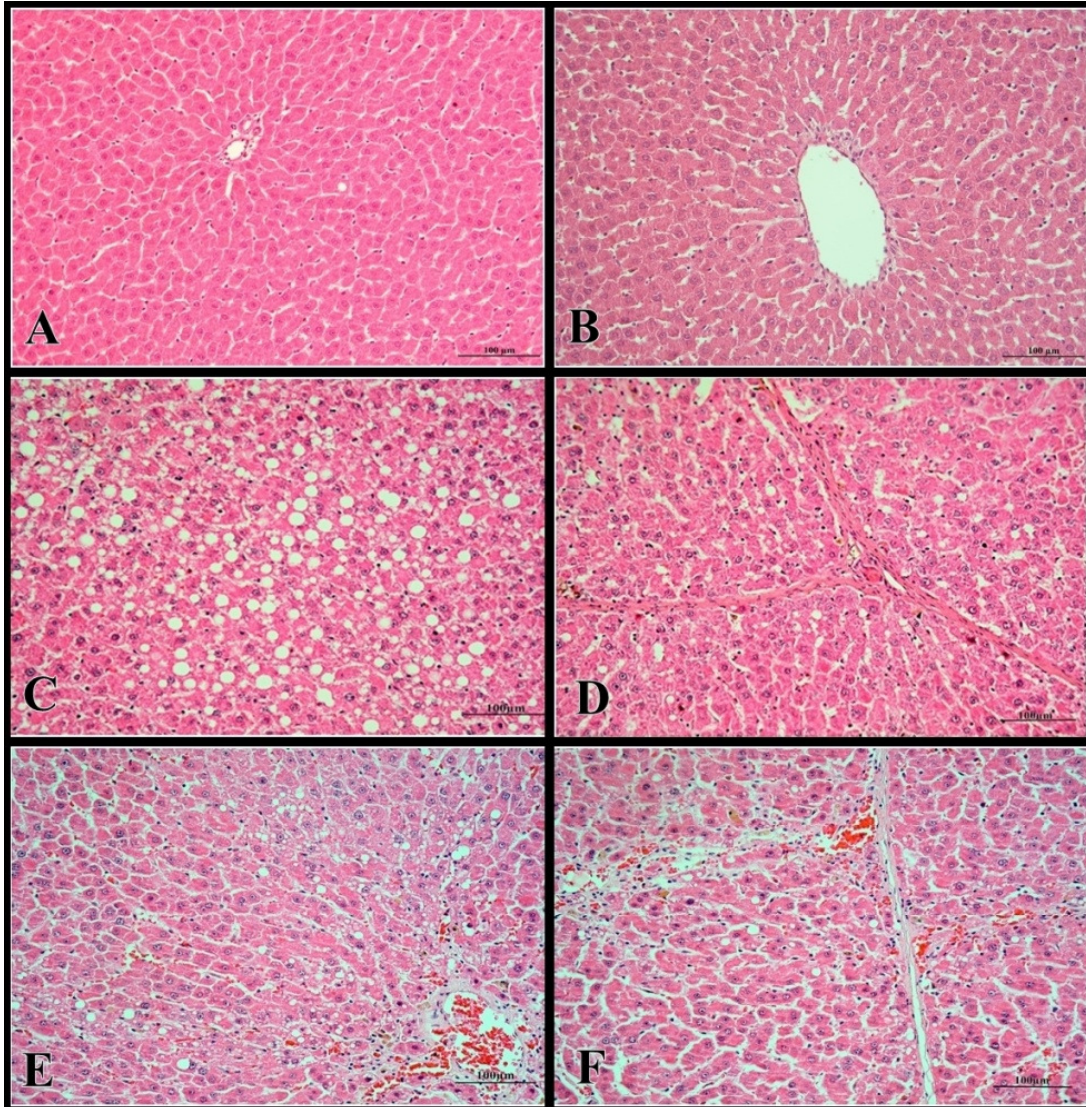
73 Following fixation in neutral formalin solution (10%), liver tissue specimens were thoroughly  
74 rinsed overnight, under tap water. Then, all tissue samples were dehydrated in graded  
75 alcohol and cleared in xylene, and embedded in paraffin wax and sectioned (thickness, 5  
76 µm), for histopathological evaluation. After staining with hematoxylin and eosin [18] sections  
77 were examined with light microscope. To demonstrate caspase activity in tissues, the Avidin  
78 Biotin Peroxidase Complex (ABC) technique was performed according to the standard  
79 procedure provided in the commercial kit (Zymed, Histostain Plus Kit, California, USA). Anti-  
80 caspase-3 (active) (Novus NB100-56113) (dilution ratio 1/2000), anti-caspase-8 (Abcam  
81 ab25901) (dilution ratio 1/100) and anti-caspase-9 (Abcam ab25758) (dilution ratio 1/100)  
82 were used as primary antibodies. As a negative control PBS was applied to liver tissues and  
83 as a positive control, primary antibodies were applied to the control tissues recommended by  
84 the primary antibody manufacturers.

85 All sections were semi quantitatively evaluated for hepatocyte steatosis, inflammation,  
86 necrosis and fibrosis using ten different places in each section for the aforementioned  
87 parameters by two pathologists and the mean percentile values within the groups were  
88 calculated. The values obtained in each group were evaluated statistically and the  
89 importances between the groups were recorded. The significance of the difference between  
90 the experimental and control groups for liver tissue damage score were made by Kruskal-  
91 Wallis test. Statistical analyses were carried out using SPSS 20.

## 92 **3. RESULTS AND DISCUSSION**

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95 In both the control (group 1) and GSO (group 2) groups, no clinical signs were observed,  
96 whereas in the CCl<sub>4</sub> and CCl<sub>4</sub>+GSO groups, the most remarkable signs were exhaustion,  
97 dysorexia, weakness and hypersalivation.

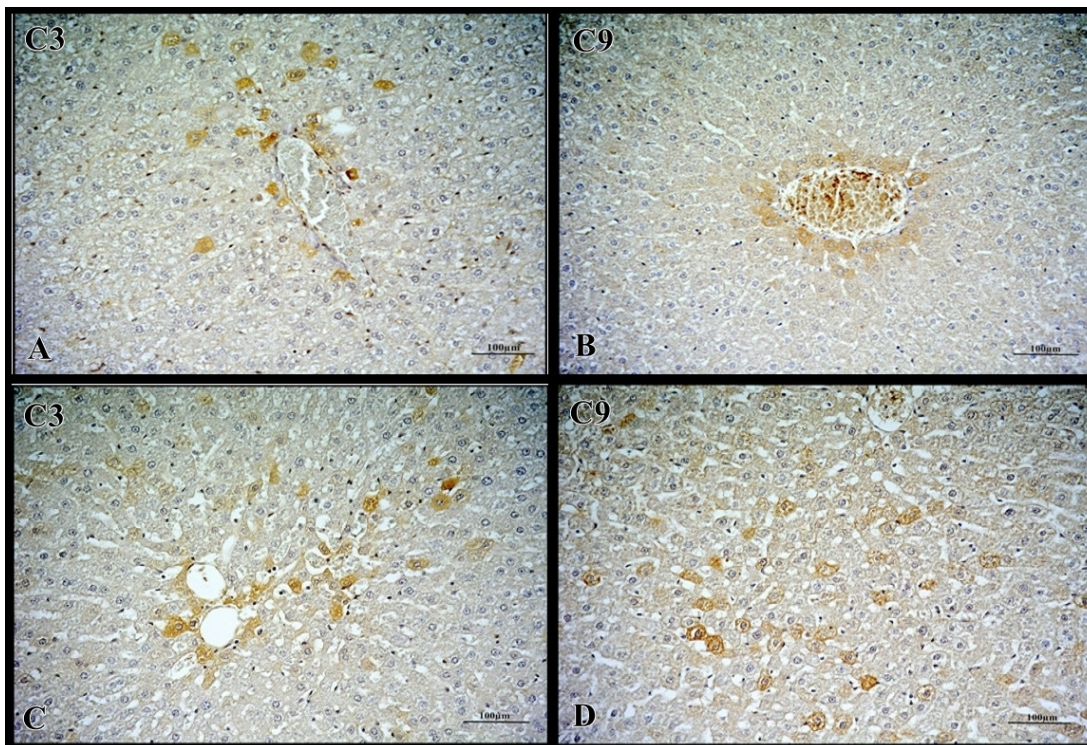
98 The histopathological examination of the rats revealed normal liver tissue samples in groups  
99 1 (Figure 1A) and 2 (Figure 1B). The histopathological examination of liver tissues in carbon  
100 tetrachloride group (group 3), revealed dense macro and micro-vesicular fat vacuoles in the  
101 hepatocytes (Figure 1C). Especially close to the portal area, lymphocyte-rich mononuclear  
102 cell infiltrations and Kupffer cells increased in number and focal hemorrhage areas were  
103 seen. There was also increased fibrous connective tissue between the lipid vacuoles (Figure  
104 1D). The histopathological examination of the liver of rats in GSO+CCl<sub>4</sub> group (group 4) the  
105 appearance of lesions were similar with group 3 (Figure 1E, 1F).



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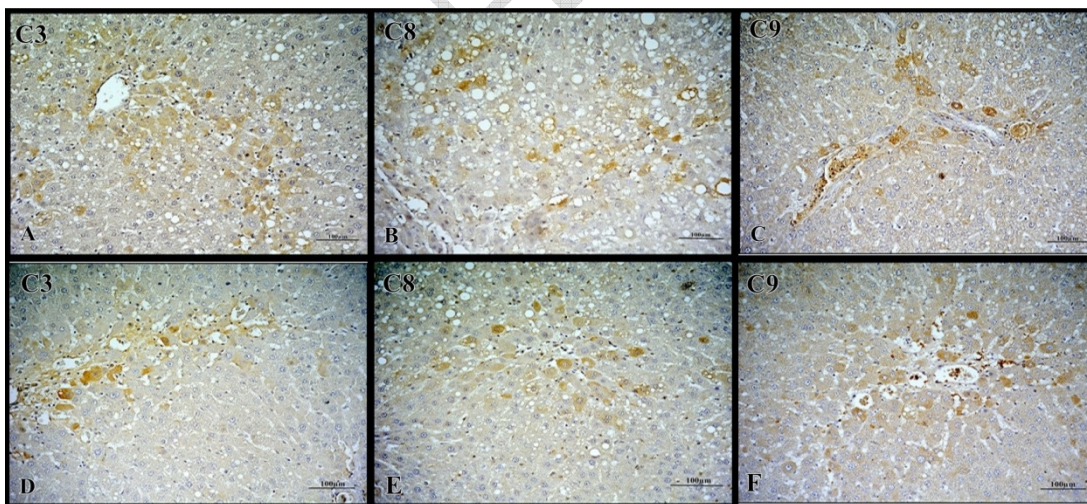
107 **Fig. 1. Histological analysis of the livers in carbon tetrachloride-induced chronic**  
 108 **hepatotoxicity; Normal appearance of the livers of the group 1 (A) and group 2 (B)**  
 109 **groups. The appearance of micro-macro vesicular fat vacuoles in all parenchyma and**  
 110 **there was also increased fibrous connective tissue between the lipid vacuoles in**  
 111 **group 3 (C, D) and group 4 (E, F), Liver, Hx E.**

112 The staining of caspase 8 in tissue sections of liver was negative in groups 1 and 2.  
 113 However, in few hepatocytes exposed to normal apoptosis, caspase 3 and caspase 9 were  
 114 found to be positive (Figures 2). The examined liver sections of group 3, caspase 3, caspase  
 115 8 and caspase 9 cytoplasmic immunopositive cells were detected particularly in the  
 116 periphery of hepatocytes with lipid vacuoles (Figure 3A, 3B, 3C). Immunohistochemical  
 117 examination of group 4, the severity of positivity in caspase 3, caspase 8 and caspase 9 was  
 118 similar to  $\text{CCl}_4$  group in hepatocytes in the periphery of sentriacinar veins (Figure 3D, 3E,  
 119 3F).



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121 **Fig. 2. Hepatic active caspase 3 (C3) and 9 (C9) expression. Hepatic caspase 3 and**  
 122 **caspase 9 immunstaining of group 1 (A, B) and group 2 (C, D). ABC-P, Magnificaiton**  
 123 **x100.**



124

125 **Fig. 3. Hepatic active caspase 3 (C3), caspase 8 (C8) and caspase 9 (C9) expression.**  
 126 **Caspase 3, caspase 8 and caspase 9 immunoreactivity in the livers of CCl<sub>4</sub>-intoxicated**  
 127 **rats in group 3 (A, B, C) and group 4 (D, E, F) showed brown stained cytoplasm. ABC-**  
 128 **P, Magnificaiton x100.**

129 In the both of group 1 and 2 liver damage scores were found to be zero. While the difference  
 130 between the groups 3 and 4 in terms of fibrosis, inflammation, steatosis and necrosis scoring  
 131 was statistically insignificant (Table 2).

132 **Table 2. Scoring system for hepatic damage in CCl<sub>4</sub> treated groups (n=8; P < ,001).**

	<b>Control (N=10) Median (%25- %75)</b>	<b>CCl<sub>4</sub> (N=10) Median (%25-%75)</b>	<b>GSO (N=10) Median (%25-%75)</b>	<b>GSO+CCl<sub>4</sub> (N=10) Median (%25-%75)</b>	<b>P</b>
<b>Inflammation</b>	0 <sup>a</sup> (0-0)	1,5 <sup>b</sup> (0,75-2,25)	0 <sup>a</sup> (0-0)	0,5 <sup>a</sup> (0-1)	<b>P &lt; .001</b>
<b>Steatosis</b>	0 <sup>a</sup> (0-0)	2 <sup>b</sup> (2-3)	0 <sup>a</sup> (0-0)	1 <sup>b</sup> (0,75-2)	<b>P &lt; .001</b>
<b>Necrosis</b>	0 <sup>a</sup> (0-0)	0 <sup>a</sup> (0-1)	0 <sup>a</sup> (0-0)	0 <sup>a</sup> (0-1)	<b>P &gt; .05</b>
<b>Fibrosis</b>	0 <sup>a</sup> (0-0)	0,5 <sup>a</sup> (0-1)	0 <sup>a</sup> (0-0)	1 <sup>a</sup> (0-1)	<b>P &gt; .05</b>

133 <sup>a-b</sup>: the difference between groups in the same line with different letters is statistically  
134 significant

135 At the end of the experiment, no statistically difference in biochemical parameters (serum  
136 ALT activity, triglyceride, total protein, cholesterol and MDA levels) were determined  
137 between Group 1 and 2 (Table 3). The present study has shown a significant elevation in  
138 serum ALT activity, total cholesterol, triglyceride and MDA levels (P <.01) with a significant  
139 decrease in serum total protein levels (P <.01) after CCl<sub>4</sub> administration compared to the  
140 control group (Table 3). Serum ALT activities, total cholesterol and MDA levels were affected  
141 from GSO administration.

142 **Table 3. Effects of GSO on serum ALT activities, total protein, total cholesterol,**  
143 **triglycerides and MDA levels of rats in control and CCl<sub>4</sub> treated groups.**

	<b>CONTROL (N=10)</b>	<b>CCl<sub>4</sub> (N=10)</b>	<b>GSO (N=10)</b>	<b>GSO+CCl<sub>4</sub> (N=10)</b>	<b>P</b>
<b>ALT(U/L)</b>	64,0 <sup>b</sup> (75,0-100,5)	105,0 <sup>a</sup> (82,0-135,5)	72,0 <sup>b</sup> (62,75-76,25)	93,0 <sup>a</sup> (82,75-109,5)	<b>P &lt; .01</b>
<b>Total Protein(g/dL)</b>	6,6 <sup>b</sup> (6,5-6,8)	5,9 <sup>a</sup> (5,7-6,1)	6,3 <sup>b</sup> (6,0-6,5)	6,1 <sup>b</sup> (5,9-6,3)	<b>P &lt; .01</b>
<b>Total cholesterol (mg/dL)</b>	59,5 <sup>b</sup> (55,7-67,0)	81,0 <sup>a</sup> (71,0-82,0)	56,5 <sup>b</sup> (55,0-64,0)	74,0 <sup>a</sup> (65,25-77,5)	<b>P &lt; .01</b>
<b>Triglycerides (mg/dL)</b>	72,5 <sup>b</sup> (60,25-86,5)	171,5 <sup>a</sup> (120,0-196,0)	101,5 <sup>b</sup> (95,25-114,2)	110,5 <sup>b</sup> (99,5-138,75)	<b>P &lt; .01</b>
<b>MDA (µmol/mg protein)</b>	19,62 <sup>b</sup> (18,1-21,37)	24,78 <sup>a</sup> (22,64-28,38)	20,34 <sup>b</sup> (17,94-20,82)	21,78 <sup>b</sup> (20,34-22,38)	<b>P &lt; .01</b>

144 (n:10, GSO: Grape seed oil, <sup>a-b</sup>: the difference between groups in the same line with different  
145 letters is statistically significant)

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147 Due to the fact that many drugs of plant origin are cheap and easily accessible, they have  
148 been popularized in the 20th century in order to determine the antioxidant and liver  
149 protective effects against liver damage caused by different chemical toxins [8]. Liver damage  
150 caused by chronic carbon tetrachloride administration characterized by hepatitis, fibrosis and  
151 cirrhosis in the liver of rats.

152 Carbon tetrachloride transformed to trichloromethyl ( $\text{CCl}_3$ ) and trichloromethyl peroxy  
153 ( $\text{CCl}_3\text{O}_2$ ) free radical metabolites by cytochrome P450 enzyme system in liver microsomes.  
154 These toxic metabolites are thought to interact with membrane lipids which induce lipid  
155 peroxidation [4, 5].

156 In chronic injury induced by  $\text{CCl}_4$  generate free radicals and there is an increase in the  
157 deposition of extracellular matrix resulting in severe fibrosis and subsequent lead to liver  
158 cirrhosis. The rats were administered  $\text{CCl}_4$  three times a week for eight weeks [15], once a  
159 week for ten weeks [16], twice a week for twelve weeks [17], and twice a week for thirteen  
160 weeks [18], have been shown to cause fibrosis, severe necrosis, and pseudolobulation  
161 formation in the hepatic tissue, especially in the portal area, with inflammatory cell  
162 infiltrations with macro-microvesicular fat vacuoles in hepatocytes. In the present study, in  
163 accordance with the findings of the researchers [15, 16, 17, 18, 19], the application of  $\text{CCl}_4$   
164 at a dose of 0.2 mL/kg for eight weeks resulted in the formation of fibrosis in the liver  
165 parenchyma of the rats with a severe severity of inflammation in the liver parenchyma. The  
166 histopathological changes are caused by the toxic metabolites [5, 20] of  $\text{CCl}_4$  which initiate  
167 lipid peroxidation by disrupting the passage of ions from the cell membrane and [21] also by  
168 increasing oxidative stress causing mitochondrial damage in hepatocytes. The  
169 histopathological changes; the passing of ions from the cell members by the toxic  
170 metabolites of  $\text{CCl}_4$ , initiating lipid peroxidation, the activation of membrane enzymes and  
171 intracellular signal transduction [21], as well as increasing oxidative stress causing  
172 mitochondrial damage in hepatocytes. Histopathological changes; Lipid peroxidation of the  
173 toxic metabolites of  $\text{CCl}_4$  [5, 20] by breaking the passage of ions from the cell membrane  
174 [21] also caused by increased oxidative stress mitochondrial damage in hepatocytes.

175 Grape seed extract and oil contain a large number of polyphenols, including procyanidins  
176 and proanthocyanidins and they are highly potent free radical scavengers [22]. Grape seed  
177 extract shows potent antioxidant, anti-inflammatory and anticarcinogenic activities as well as  
178 inhibition of apoptosis which attributed to its high content of polyphenols [23, 24].  
179 Procyanidins are natural antioxidants and have biological and therapeutic effects against  
180 free oxygen radicals and oxidative stress by inhibiting free oxygen radicals accordance with  
181 their concentrations. Procyanidins are natural antioxidants and have biological,  
182 pharmacological and therapeutic effects against free oxygen radicals, inhibiting free oxygen  
183 radicals depending on concentration [25]. Proanthocyanidins are the metabolites of natural  
184 plant and are commonly found in fruits, vegetables, nuts, flowers, wine, black and green tea,  
185 and etc. [26]. Due to their strong anti-oxidant activity, several studies have been conducted  
186 to evaluate its anti-carcinogenic, antiinflammatory, antimicrobial, antiallergic, antifungal,  
187 antiarthritic, antiviral, immunostimulant, cardioprotective and vasodialator effects on  
188 different conditions [25, 26].

189 In studies in which grape seed oil was given to improve chronic liver damage caused by  
190  $\text{CCl}_4$  [10, 11, 12] and other toxic substances [27, 28, 29, 30], histopathological changes were  
191 shown to be decreased. The results of previously published studies [10, 11] with carbon  
192 tetrachloride in rats suggested a recovery with the treatment of grape seed extract [31] while  
193 Atasever et al. showed that grape seed extract had no ameliorative effect on liver damage.

194 There are limited numbers of studies using grape seed oil on carbontetrachloride-induced  
195 chronic liver damage. Maheswari and Rao [12] reported that grape seed oil decreased the  
196 appearance of fatty degeneration, necrosis and fibrosis induced by  $\text{CCl}_4$  in rats. In the present  
197 study, grape seed oil has been shown to slightly reduce the number of fat vacuoles and  
198 partially reduce necrosis areas and prevent the fibrous tissue formation in the liver. Many  
199 studies [27, 28] have reported that grape seed oil causes histological improvement in liver  
200 lesions caused by other toxic substances. In studies conducted with grape seed oil against  
201 various hepatotoxins, the hepatoprotective effect of grape seed oil is thought to be due to

202 antioxidant and free radical scavenging components. However, further researches should be  
203 conducted to provide a better understanding of the subject.

204 Because some enzymes are specific to the tissues, their increase in blood levels is used for  
205 the clinical diagnosis of the diseases characterized by degeneration and necrosis in some  
206 tissues such as liver, kidney, heart and skeletal muscle. An increased enzyme activity of ALT  
207 is related to hepatic parenchymal damage. Alanine aminotransferase is an enzyme that  
208 increases in blood levels in hepatic diseases [32]. It is well known that agents such as CCl<sub>4</sub>  
209 which leads to injury in liver parenchyma, cause an increase in plasma ALT activities [33].

210 Malondialdehyde is the main product of lipid peroxidation in cell membrane systems.  
211 Malondialdehyde as the final product of lipid peroxidation leads to the formation of hydrogen  
212 peroxide and reactive oxygen species leading to ozone formation and membrane  
213 denaturation and peroxidation [34, 35]. On the other hand, it has been reported that nitric  
214 oxide released from Kupffer cells, endothelial cells and hepatocytes is an important mediator  
215 in the inflammation and tissue damage caused by CCl<sub>4</sub> [7, 36].

216 Maheswari and Rao [12] reported that grape seed oil normalized the serum ALT activities  
217 and liver MDA levels induced by CCl<sub>4</sub>. In the present study, grape seed oil did not cause  
218 any changes in ALT activity. However, MDA levels were significantly reduced which is  
219 similar with the results of Maheswari [12].

220 There are biochemical data in studies [10, 27, 28, 29, 31, 30] using grape seed oil or extract  
221 for the treatment of toxicity with different chemicals other than CCl<sub>4</sub> in liver.

222 Al-Attar [27] showed that triglyceride, cholesterol levels and ALT enzyme activities increased  
223 significantly in diazinone treated animals, while serum total protein levels were significantly  
224 decreased; these values were close to the control group values in the GSO group; Khalifa et  
225 al. [28] reported that GSO decreased serum ALT and MDA levels in rats with Chlorpyrifos  
226 intoxication; Atasever and Yaman Gram have reported that [31] grape seed oil decreased  
227 serum total protein, albumin and globulin levels, while ALT activities increased in CCl<sub>4</sub>-  
228 induced liver injury in rats; Al-Ashmawy et al. [29] reported that MDA levels decreased with  
229 grape seed extracts on ethanol toxication; Shin and Moon [30] have reported that grape  
230 seed reduced, liver MDA, serum albumin and total protein levels in dimethylnitrosamine  
231 intoxication, Li et al. [10] reported that grape seed extract decreases serum triglycerides and  
232 MDA levels against CCl<sub>4</sub> toxication in rats with.

233 Hepatocyte apoptosis can occur in liver damage such as drug intoxications, alcohol and viral  
234 infections [37, 38, 39]. Carbon tetrachloride destroys the mitochondrial phospholipid bilayer  
235 in hepatocytes and induces caspase 3 dependent apoptosis. In vitro and in vivo studies have  
236 shown that hepatocyte apoptosis is determined immunohistochemically with caspase activity  
237 in CCl<sub>4</sub> induced liver damage [40, 41, 42].

238 In the present study, the increase in caspase 3, 8 and 9 activities in the CCl<sub>4</sub> administered  
239 groups was found similar to the findings of the earlier studies [40, 41, 42]. The application of  
240 GSO partially reduced the activities of caspase 3, 8 and 9, and thus hepatocyte apoptosis. In  
241 this study grape seed oil reduced the activity of caspase-3, -8 and caspase-9, which  
242 suggested that grape seed oil could protect the liver tissue.

#### 243 **4. CONCLUSION**

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245 As a result, the ameliorative effect of 4 mL/kg dose of GSO on the liver injury was  
246 determined by biochemical parameters. However, this amelioration did not reflect on  
247 histological damage to the liver tissue of rats. It is also concluded that new investigations is



248 needed to be performed to determine the ameliorative effects of grape seed oil on tissues  
249 using the doses to give the best results without any side effects.

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## 253 **COMPETING INTERESTS**

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255 Authors have declared that no competing interests exist.

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